



Town of Buckeye

BUSINESS/OCCUPATIONAL LICENSE

****=MANDATORY ITEM
FORM MUST BE COMPLETED IN FULL**

DATE: _____

****NAME OF APPLICANT (PERSON):** _____

NAME OF BUSINESS: _____

BUSINESS LOCATION: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS PHONE #: _____ **FAX #:** _____

****APPLICANT'S DRIVERS LICENSE #:** _____

****APPLICANT'S DATE OF BIRTH:** _____

TYPE OF BUSINESS: _____

CHECK ONE: **PARTNERSHIP:** _____ **CORPORATION:** _____ **L.L.C.:** _____ **INDIVIDUAL:** _____

STATE CONTRACTORS LICENSE #: _____ **CLASS:** _____

AZDOR Transaction Privilege Tax #(TPT): _____
(attach copy of AZ State license)

HEALTH PERMIT # (IF APPLICABLE): _____

RETURN COMPLETED APPLICATIONS TO:

Town of Buckeye
100 N Apache
Buckeye AZ 85326
PHONE: (623) 349-6100
FAX: (623) 349-6121

APPLICANT'S SIGNATURE

FOR OFFICE USE ONLY

POLICE CLEARANCE: _____ **DATE:** _____

ZONING CLEARANCE: _____ **DATE:** _____

TOWN MANAGER: _____ **DATE:** _____

FEE PAID: _____
ASSIGNED LICENSE #: _____
RECEIPT #: _____
QUARTER ENDING: _____
BUSINESS CLASS: _____